## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED** Jan 29, 2001 8:00 am Secretary of State DQCUMENT # P0000026751 1. Entity Name HARVEST DATA SYSTEMS, INC. 01-29-2001 90037 029 \*\*\*158.75 Principal Place of Business Mailing Address 6006 GRAND BLVD., PASCO COUNTY 6006 GRAND BLVD.. PASCO COUNTY NEW PORT RICHEY FL 34652 NEW PORT RICHEY FL 34652 R0010373 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3436242 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OVERTURE, RICHARD -Street Address (P.O. Box Number is Not Acceptable) 6006 GRAND BLVD., PASCO COUNTY **NEW PORT RICHEY FL 34652** Zip Code itity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE OVERTURF, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 6006 GRAND BLVD., PASCO COUNTY CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP ☐ Addition TITLE □ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ER OR DIRECTOR